FAMILY HERITAGE CARE CENTER

1211 WYTER OWNERS

1311 TYLER STREET

BLACK RIVER FALLS 54615 Phone: (715) 284-4396		Ownership:	Corporation
Operated from 1/1 To 12/31 Days of Operation:	365	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	Yes
Number of Beds Set Up and Staffed (12/31/02):	50	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/02):	76	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/02:	41	Average Daily Census:	42

Services Provided to Non-Residents	Age, Sex, and Primary Diagn		•	1/02)	Length of Stay (12/31/02)	90	
Home Health Care	No	Į.		Age Groups	%	Less Than 1 Year	51.2
Supp. Home Care-Personal Care	No					1 - 4 Years	29.3
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	2.4	More Than 4 Years	19.5
Day Services	No	Mental Illness (Org./Psy)	14.6	65 - 74	12.2		
Respite Care	No	Mental Illness (Other)	7.3	75 - 84	41.5		100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	39.0	*********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	9.8	95 & Over	4.9	Full-Time Equivalent	
Congregate Meals	No	Cancer	0.0			Nursing Staff per 100 Res	idents
Home Delivered Meals	No	Fractures	2.4		100.0	(12/31/02)	
Other Meals	No	Cardiovascular	19.5	65 & Over	97.6		
Transportation	No	Cerebrovascular	2.4			RNs	15.6
Referral Service	No	Diabetes	12.2	Sex	9	LPNs	7.4
Other Services	No	Respiratory	9.8			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	22.0	Male	31.7	Aides, & Orderlies	45.2
Mentally Ill	No			Female	68.3		
Provide Day Programming for			100.0				
Developmentally Disabled	No				100.0		
********	***	*******	*****	******	*****	*******	*****

Method of Reimbursement

		edicare			edicaid itle 19			Other			Private Pay			amily Care			anaged Care			
Level of Care	No.	olo	Per Diem (\$)	No.	90	Per Diem (\$)	No.	%	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	90	Per Diem (\$)	Total Resi- dents	of
Int. Skilled Care	0	0.0	0	1	3.6	131	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	2.4
Skilled Care	5	100.0	300	26	92.9	112	0	0.0	0	8	100.0	131	0	0.0	0	0	0.0	0	39	95.1
Intermediate				1	3.6	91	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	2.4
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depender	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	5	100.0		28	100.0		0	0.0		8	100.0		0	0.0		0	0.0		41	100.0

FAMILY HERITAGE CARE CENTER

********	*****	******	*****	*****	*****	*******	*****					
Admissions, Discharges, and		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/02										
Deaths During Reporting Period												
		l			% Needing		Total					
Percent Admissions from:		Activities of	%		sistance of	2	Number of					
Private Home/No Home Health		Daily Living (ADL)	-	One	Or Two Staff	Dependent	Residents					
Private Home/With Home Health	1.4	Bathing	0.0		95.1	4.9	41					
Other Nursing Homes	5.4		26.8		73.2	0.0	41					
Acute Care Hospitals	70.3	Transferring	53.7		43.9	2.4	41					
Psych. HospMR/DD Facilities	1.4	Toilet Use	41.5		56.1	2.4	41					
Rehabilitation Hospitals	0.0	Eating	92.7		7.3	0.0	41					
Other Locations	13.5	******	*****	*****	*****	*******	*****					
Total Number of Admissions	74	Continence		%	Special Trea	tments	%					
Percent Discharges To:		Indwelling Or Extern	al Catheter	4.9	Receiving :	Respiratory Care	9.8					
Private Home/No Home Health	21.1	Occ/Freq. Incontinent	t of Bladder	36.6	Receiving '	Tracheostomy Care	0.0					
Private Home/With Home Health	15.5	Occ/Freq. Incontinent	t of Bowel	26.8	Receiving	Suctioning	0.0					
Other Nursing Homes	1.4				Receiving	Ostomy Care	2.4					
Acute Care Hospitals	12.7	Mobility			Receiving '	Tube Feeding	0.0					
Psych. HospMR/DD Facilities	0.0	Physically Restraine	d	9.8	Receiving 1	Mechanically Altered Diets	17.1					
Rehabilitation Hospitals	0.0				_	_						
Other Locations	21.1	Skin Care			Other Reside:	nt Characteristics						
Deaths	28.2	With Pressure Sores		2.4	Have Advan	ce Directives	100.0					
Total Number of Discharges		With Rashes		2.4	Medications							
(Including Deaths)	71				Receiving	Psychoactive Drugs	75.6					

Selected Statistics: This Facility Compared to All Similar Rural Area Facilities & Compared to All Facilities

		Owne	ership:	Bed	Size:	Lic	ensure:			
	This	Prop	prietary	50	-99	Ski	lled	Al.	1	
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	lities	
	90	ଚ	Ratio	ଚ	Ratio	양	Ratio	ଚ	Ratio	
Occupancy Rate: Average Daily Census/Licensed Beds	53.6	80.0	0.67	83.5	0.64	83.3	0.64	85.1	0.63	
Current Residents from In-County	92.7	73.3	1.26	72.9	1.27	75.8	1.22	76.6	1.21	
Admissions from In-County, Still Residing	27.0	19.2	1.41	22.2	1.22	22.0	1.23	20.3	1.33	
Admissions/Average Daily Census	176.2	136.0	1.30	110.2	1.60	118.1	1.49	133.4	1.32	
Discharges/Average Daily Census	169.0	138.5	1.22	112.5	1.50	120.6	1.40	135.3	1.25	
Discharges To Private Residence/Average Daily Census	61.9	59.1	1.05	44.5	1.39	49.9	1.24	56.6	1.09	
Residents Receiving Skilled Care	97.6	93.4	1.04	93.5	1.04	93.5	1.04	86.3	1.13	
Residents Aged 65 and Older	97.6	95.9	1.02	93.5	1.04	93.8	1.04	87.7	1.11	
Title 19 (Medicaid) Funded Residents	68.3	73.2	0.93	67.1	1.02	70.5	0.97	67.5	1.01	
Private Pay Funded Residents	19.5	16.8	1.16	21.5	0.91	19.3	1.01	21.0	0.93	
Developmentally Disabled Residents	0.0	0.9	0.00	0.7	0.00	0.7	0.00	7.1	0.00	
Mentally Ill Residents	22.0	33.7	0.65	39.0	0.56	37.7	0.58	33.3	0.66	
General Medical Service Residents	22.0	19.3	1.14	17.6	1.24	18.1	1.21	20.5	1.07	
Impaired ADL (Mean)	30.2	46.1	0.66	46.9	0.65	47.5	0.64	49.3	0.61	
Psychological Problems	75.6	51.2	1.48	54.6	1.39	52.9	1.43	54.0	1.40	
Nursing Care Required (Mean)	4.3	7.2	0.60	6.8	0.63	6.8	0.63	7.2	0.59	